Return by:

Participant Background Survey

Course: Dates: Location:	s:		
	e and return this survey form by the return date above. The ike-up of the class so they can gear their instruction according		
Name Duty Stations		Staying On-Site: Commuting:	<u> </u>
Duty Station: Address:		Phone: E-Mail:	
1. What is yo	ur job title?		
2. What finan	ce responsibilities do you have in your current job	?	
3. What traini	ng have you had regarding finance?		
4. How long h	nave you been working with FFS?		
5. What do yo	ou hope to learn in this course?		
6. List any sp	ecific questions you would like answered during th	nis course?	